



**STATE OF VERMONT: RECREATIONAL FACILITIES GRANTS PROGRAM**

**APPLICATION AND THE ATTACHMENTS CHECKLIST**

|   |             |
|---|-------------|
| <b>FOR INTERNAL USE ONLY – YEAR AND GRANT FISCAL YEAR</b> | <b>FY –</b> |
|---|-------------|

1. Name and Address of the Sponsoring Organization or Municipality: \_\_\_\_\_
  
2. Name of the Contact Person: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
4. Federal ID Number: (required) \_\_\_\_\_
5. Amount Requesting: \_\_\_\_\_
6. Project (brief description): \_\_\_\_\_

| <b>ATTACHMENTS CHECKLIST</b> |   | ✓ |
|------------------------------|---|---|
| A.                           | Complete the three-page application – application must be signed and dated  |   |
| B.                           | <b><i>Please describe your project in three pages or less:</i></b>  |   |
|                              | a) the history of the project   |   |
|                              | b) what are the supported services for the intended project, i.e., who supports this project and who will benefit from this project   |   |
|                              | c) proposed timetable for this project  |   |
|                              | d) specify how this money will be used to enhance the project   |   |
|                              | e) if the request is <b><i>not fully funded, what is the lowest amount acceptable</i></b> for this project; and what would be the effect if the project is not funded   |   |
| C.                           | Project Breakdown – breakdown each segment of the proposed project; equipment, materials, labor etc.  |   |
| D.                           | 1:1 Financial Funding Match Requirement – You cannot use any State or Federal funds as your 1:1 financial funding match. You must be able to submit documented proof you have the committed funds in hand, and not pledged for the amount of the grant you are requesting, when the grant application is submitted. At least one "Yes" box under C. (funding sources) must be checked. In-kind contributions of labor and/or materials or any other types of in-kind services are not allowed to be used as your 1:1 financial funding match requirement. |   |
| E.                           | Project must be shovel-ready and must have all required permits in hand before submitting your application. Otherwise, the application will be automatically denied.  |   |
| F.                           | Provide a list of your Board of Directors and their terms of office on a separate sheet of paper, if applicable   |   |

|    |  |  |
|----|--|--|
| G. | If a Non-Profit Organization, attach a copy of your 501(c) (?) IRS determination letter or that of your Fiscal Agent ( <i>does not apply to Municipalities</i> )   |  |
| H. | Please include the first two pages of the organization's form 990 ( <i>required for Non-Profit Organizations</i> )   |  |
| I. | Attach a maximum of three letters of support that represent the community's support from Selectboards, City Councils, Planning Commissions, Recreational Boards, Citizens at-large and Schoolboards supporting this project. <b>Reminder</b> – this grant process is designed to be simple and represent a community's desire; letters from local boards or citizens are preferred over letters from legislators or elected officials. |  |
| J. | Attach any other information that you feel would be helpful in assisting the committee members in making an award determination. <i>Colored pictures and sketches are appreciated.</i>   |  |

**The deadline to submit applications is September 10<sup>th</sup> each year and grant submissions must be postmarked by the deadline date. If September 10<sup>th</sup> falls on a weekend, the deadline will be extended to the following Monday. Please mail one (1) hard copy of your completed application and all corresponding documentation, no staples please, to the following address:**

**Department of Buildings and General Services  
133 State Street, 5<sup>th</sup> Floor, Montpelier, VT 05633-5801  
Attn: Grant Administrator  
(802) 828-3519**

State of Vermont  
Recreational Facilities Grants  
Project Budget Sheet

**DO NOT INCLUDE IN-KIND FUNDS**

Name of the Sponsoring Organization or Municipality: \_\_\_\_\_

Please Use Whole Numbers

Dollars

A. Total Capital Expenditure of the Project for Which You are Seeking Funds:  
(This Project Only) \_\_\_\_\_

B. Recreational Facilities Grant Request: \*\*\* \_\_\_\_\_

C. Existing Funding Sources for this Project to Date: \_\_\_\_\_  
Check Applicable Boxes for Committed Funds  
Yes/No

a. Bank Statement (in hand) \*\*\* \_\_\_\_\_

b. Commitment Letter (in hand) \*\*\* \_\_\_\_\_

c. Donations/Fundraising (in hand) \*\*\* \_\_\_\_\_

d. Bond Vote/Town Budget Line Item (in hand) \*\*\* \_\_\_\_\_

e. Grants - Non-State/Federal (do not include this grant) \*\*\* \_\_\_\_\_

f. Other \_\_\_\_\_ (in hand) \*\*\* \_\_\_\_\_

Totals \_\_\_\_\_

\*\*\* Line B. plus the totals from Lines C. a. – f. must equal Line A. \*\*\*

This program is authorized to award matching grants up to \$25,000.00 per project. Grant funds shall be awarded only when documented evidence is presented that the requested funds are committed in hand for the amount of the grant request.

**CERTIFICATION**

We have \_\_\_\_\_ we have not \_\_\_\_\_ applied for any other Building Communities Grants this calendar year for this project. If yes, please specify: \_\_\_\_\_

We were denied \_\_\_\_\_ we were not denied \_\_\_\_\_ last year for this project.

We have \_\_\_\_\_ we have not \_\_\_\_\_ received any other Building Communities Grants in a previous year.

If you have, what year: \_\_\_\_\_ Which grant: \_\_\_\_\_

Amount received: \_\_\_\_\_

Description: \_\_\_\_\_

I certify that the above statements are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: